

Qualitative study on childhood
under school closure

My New Normal

Executive summary:
Findings from Nepal



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Save the Children

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Introduction

The 2020 Covid-19 pandemic has been an unprecedented event for it has put the globalized world of today on hold. It has taken the lives of thousands of people, shocked the world's economy with long lasting repercussions and has significantly altered people's daily life. Although children and youth have been less threatened by the virus itself, they have not been immune to its disruptive consequences. Considering the amount of time children usually spend at school, their temporal closure is not only interrupting their learning. Schools are also usually a safe place for human interaction, and by missing out, children are not developing fundamental social skills. In Nepal, all schools have been closed from March 19th 2020, forcing over eight million learners to stay home. The lockdown was lifted in July but at the time of the study many educational institutions remained partly or fully closed. The pandemic came in a context where Nepal was already in the midst of a learning crisis, with more than half of the country's students not proficient in reading.¹



This study complements the global research series² led by Save the Children through a qualitative and visual approach that fosters child and youth participation. Through this research, Save the Children Sponsorship team aimed to make children and youth's voices heard and learn about their experience of living under COVID-19.³

1 'Nepal Steps up Remote Learning during COVID-19', accessed 21 July 2020, <https://blogs.worldbank.org/endpovertyinsouthasia/nepal-steps-remote-learning-during-covid-19>.

2 <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>

3 The scope of the study was limited to school-aged children and youth (15-18 years old) living in Sponsorship impact areas in Nepal and Zambia. The two countries were selected based on their interest in taking part in this study and availability.

This study followed a small-scale qualitative approach relying on child-friendly and visual data collection methods (such as Photovoice, the use of an emoji feelings chart, empathy mapping and a social network mapping tool). In total, In Nepal, the team consulted 42 adults (Save the Children staff, parents, teachers, health workers and local authorities), and 10 children and young people (4 girls and 6 boys) in Sarlahi and Saptari districts, where the sponsorship programme is implemented.

Findings

Overall, the main impact of the COVID-19 crisis on children were linked to education, mental and physical health and on the economic wellbeing on the households they live in.

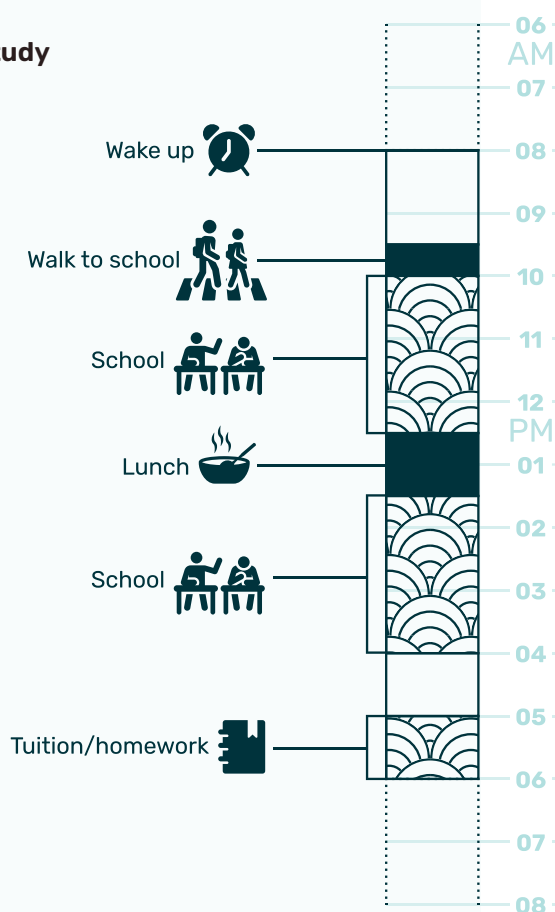
Impact on children's education

The most predominantly noted impact of the COVID-19 pandemic and lockdown measures on children was educational. When schools reopened, most students and parents were scared to go back as most of the schools in the area were used as quarantine centres to accommodate suspected COVID-19 cases. Despite the Government of Nepal, UN, NGO/INGO running alternative education programmes through the internet, TV, radio, mobile apps etc. most of the marginalized (especially the most economically deprived or living with disabilities) and younger children could not take part in those initiatives. Consulted teachers have reported important losses in terms of children learning achievements, especially at ages when they usually gain key competencies such as learning how to write, read or count. Children almost did not learn anything during school closure due to a lack of learning materials, limited capacity of parents or older siblings to support them and the loss of a 'learning routine'. Despite some parents trying to teach children at home, they reported it as being rather ineffective. Since schools have reopened, they were operating in different shifts (morning/afternoon shift, or 2 days per week shifts) in order to limit the number of students per classroom and allow for social distancing. As such, students were still studying reduced hours. Teachers explained that the course curriculum was reduced by 50% to fit the new schedule. Drop-out rates were also on the rise due to the loss of jobs and economic opportunities of parents. This is thus particularly the case for children living in the most deprived families, risking trapping them even more into a circle of poverty.

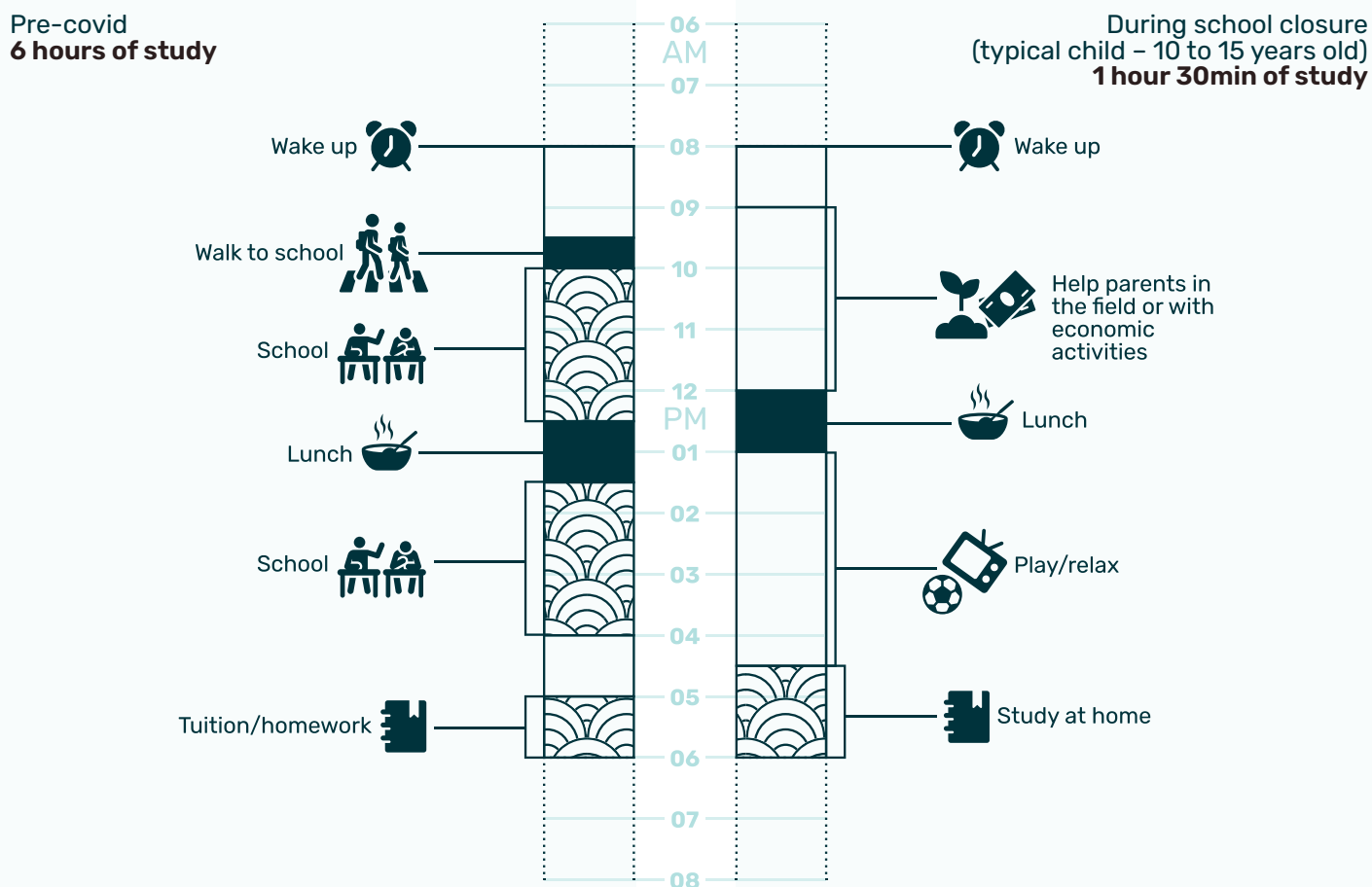
As such, children's learning routine has been severely affected, as displayed in the illustration on the next page.

My New Normal

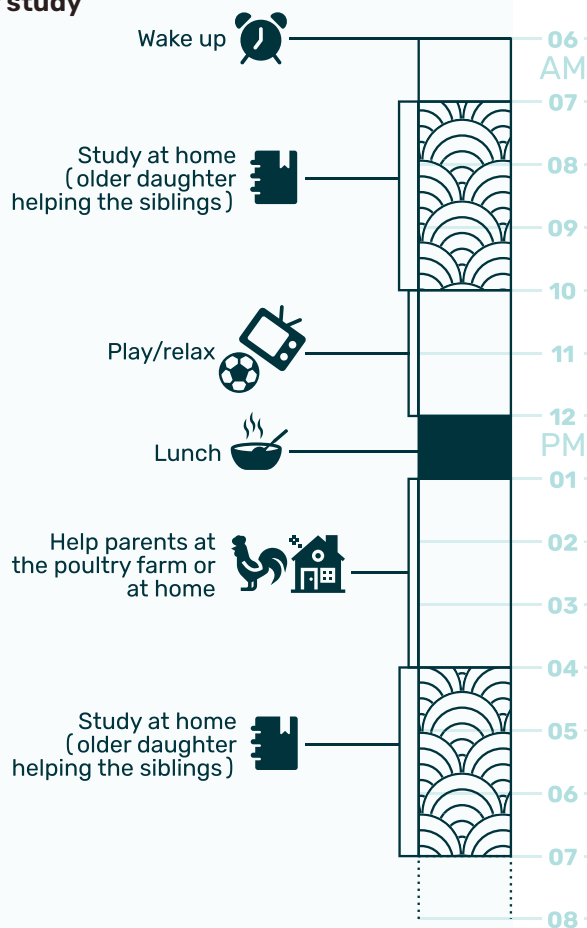
Pre-covid
6 hours of study



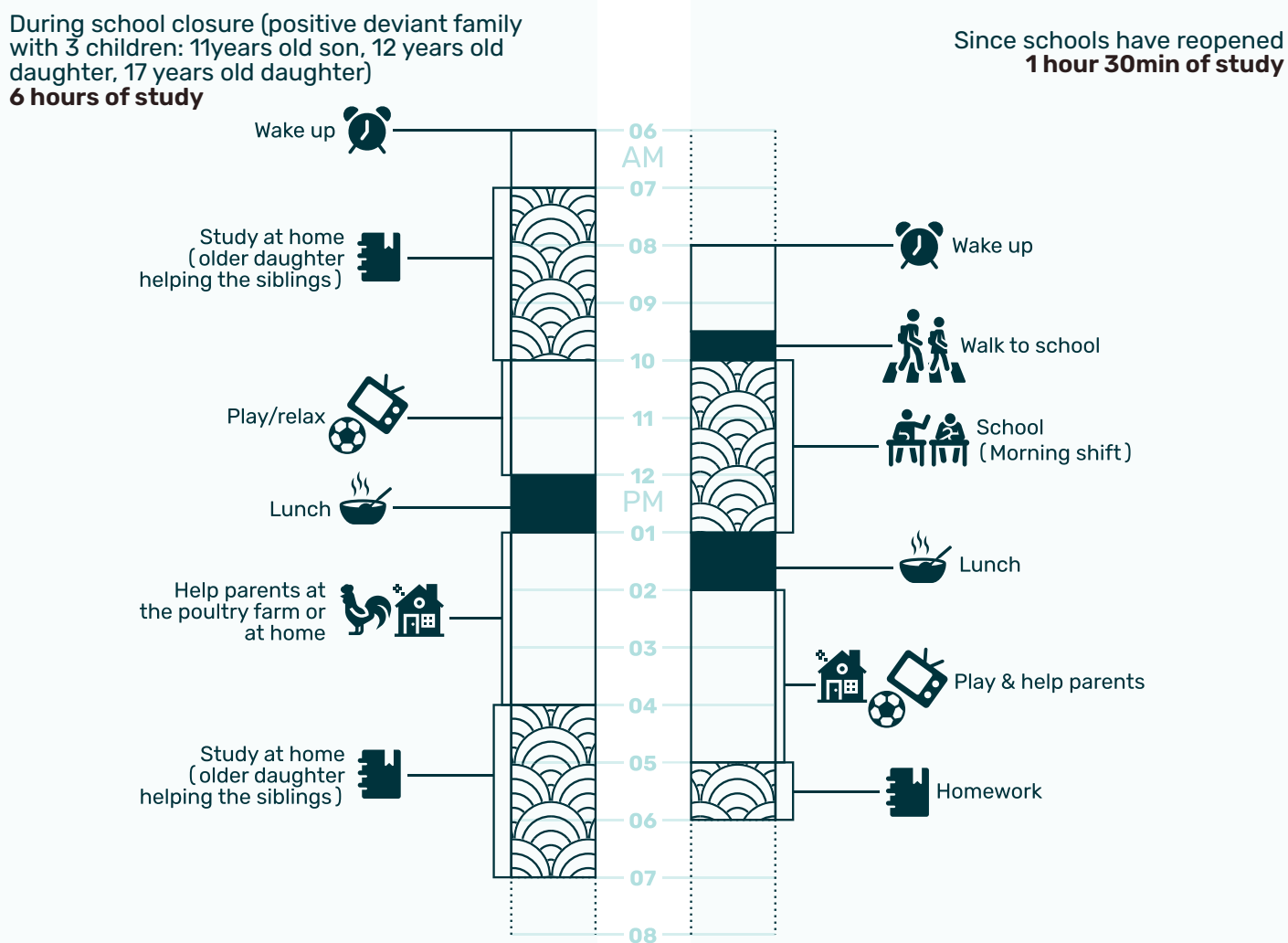
During school closure
(typical child – 10 to 15 years old)
1 hour 30min of study



During school closure (positive deviant family
with 3 children: 11years old son, 12 years old
daughter, 17 years old daughter)
6 hours of study



Since schools have reopened
1 hour 30min of study



The research team identified some factors which could explain why some families were identified as 'positive deviants': the presence of one or several older siblings who was still studying to support younger children; and the economic status of the family.

As a result of all those changes, many children from the different age groups consulted, when asked to represent the main changes that COVID-19 brought to their life, took a picture related to education. This was particularly the case for the older age group (13-18 years old as illustrated on the photo on the left taken by a young boy)



Worried about school whether he would be able to study or not properly in the COVID situation.

Physical and mental health impacts

The second most important change caused by the COVID-19 and lockdown measures on children's lives is linked to physical and mental health.

In terms of physical health, health centre services were halted for a few weeks when the pandemic started due to the lack of supply in medicines, treatments and protective equipment and the engagement of health workers in quarantine and isolation centres. Since the centres restarted their services however, the patients flow remained low. As a result, many children were unable to access health treatment during lockdown or to receive the recommended vaccinations. A few key informants also noted the impact of the pandemic on the nutrition and dietary pattern of children. As transportation and markets were closed for a long time and most parents were unable to generate an income during lockdown, the ability to maintain the same number of meals per day and a balance diet for children was impacted.

Closure of schools, which can create protective environments for children and young people, and lack of access to health (including sexual and reproductive health) services and information, are expected to have caused a rise in adolescent pregnancies by up to 1 million globally in 2020.

While the consulted children and young people highlighted physical health consequences to a lesser extent, many of them expressed how the pandemic, lockdown and school closures impacted their mental health and well-being. Children and young people have been overwhelmingly affected by negative feelings as a result of the pandemic and the disruption to their lives, including socialising and school. As displayed in the photo on the left, children and young people expressed how having to keep distance from friends and family created feelings of loneliness, sadness and boredom. Some young people in Nepal also highlighted how few of their peers were struggling with mental health issues and suicidal thoughts.



A child is sad, and he is feeling not well in during this pandemic situation.

Additionally, while this was not highlighted by young people themselves, key informants in both countries reported an increase in child abuse and violence within the households and communities.

Economic impacts

The last main change in children's lives reported by children and young people themselves relates to the economic impacts on the pandemic and lockdown and the increased poverty in the Sponsorship impact areas. The photo on the left shows how the consulted children illustrated those impacts. This was mostly highlighted by the older age groups (13-18 years old) who seemed more sensitive to the hardship faced by their parents. In the areas covered by the programme, most parents are subsistence farmers who, in normal times, can barely survive on selling their farm products on a daily basis. However, with the COVID-19 pandemic, the authorities have put up a lot of restrictions, such as markets closure, which contributed to reduction in incomes in many households. Therefore, most parents were failing to sustain their families, causing a lot of hunger among children and young people. This hit the poorest and most marginalised households even more. In places such as Sada and Ram where most households don't own a land or property and rely on daily work were also severely hit as all the factories or business usually offering daily wages were totally closed during the lockdown.

Positive impacts

Nonetheless, the research identified one positive effect of the COVID-19 pandemic on children and young people in the targeted areas. This effect relates to improved hygiene practices in the consulted communities and was highlighted by young people and adults in both countries. The picture on the left shows how children and young people have adopted new practices such as washing hands following a thorough process and at key moments. This could have a positive impact on the spread of other diseases and contribute to improve young people's health.



A mother sitting and looking at her poor harvest of rice due to COVID 19 and thinking how to make a living through the year.



There is food insecurity and no relief. We received some food relief but it is not enough. Some marginalised groups caste are given more; why the support is not equally provided?

16-year-old girl, rural area, Nepal



Child club member in Nepal washing hands using learned steps during lockdown.

Children's perception of those changes

Overall, children had rather negative feelings about those changes, being having to stay at home, not being able to socialise with friends and to go to school. They were also sensing the stress and fear regarding the economic situation and the impact of school closure on their education.

We noted however some positive feelings regarding the ability of children to study independently. In Nepal, two participants felt excited about the new ways of learning offered to them for instance. Children were also happy and excited to be able to go back to school when they reopened. Consulted young people highlighted the spread of fake news and rumours about the virus. As such, there was some confusion between what could be heard on the news and in the community. Lastly, in Nepal, young people reported a lack of protective equipment in schools such as hand sanitiser or face masks which created some anxiety around the idea of going back to school.

Social network analysis

Part of this research also wanted to explore the effect of the COVID-19 pandemic on children and young people's social life. The absence of social relationships and behaviours can affect child development in various ways. For example, previous research has shown that socially isolated children tend to reach lower educational attainment, as well as to be part of a less advantaged social class and more likely to be psychologically distressed in adulthood. Through a social mapping exercise, the consulted young people (13-18 years old) drew their social network before the pandemic and lockdown and during the crisis. The comparison between pre-COVID situation and during the school closure and lockdown shows how the ties between family members and friends/neighbours were strengthened, as opposed to the formal contacts and school social relations. According to the consulted young people, before the COVID -19 lockdown, they were not so close to their parents and siblings, but stronger bonds were built when the family had to stay at home for a few months. More time was also available for playing and supporting parents in their day-to-day activities, which created a feeling of closeness. However, other relatives and formal contacts (such as doctors, nurses, NGO staff, members of savings and cooperative groups) were less frequently visiting their homes. Teachers and friends were also close to them before the pandemic, the ties then loosened during school closure but were getting stronger again after schools reopened. Neighbours and village- friends became also closer as young people got more time to interact with them. Based on the conversation with the young people and their parents/caregivers it seems that, since lockdown ended and schools reopened, the level of social interactions encountered by children and young people almost resumed to its pre-COVID level.

In light of those findings, the following key recommendations have been drawn:

For communication and advocacy



- Keep advocating to government to put in place social protection schemes and policies which are shock-responsive to address hunger and loss of livelihoods when a crisis like the COVID-19 one strikes;
- If this was not already done, advocate for the development of a national COVID-19 education action plan, to invest in remote learning mechanisms that leave no child behind and to ensure that all children return to school when the conditions allow;
- Advocate for national campaigns to put in place or raise awareness on family planning services available in communities in order to reduce the rise in cases of teenage pregnancy during school closure. Also ensure that mechanisms are in place at the local scale to ensure that young women can go back to school after giving birth

For programme adaptation



- Consider including psychosocial support interventions available to all children and young people in the impact areas. If those services already exist in the impact areas, raise awareness around them in the communities;
- Make sure that parents and caregivers are aware of the psychological effect that lockdown can have on children and young people and ensure that they are aware of the services available to them and their children if needed;
- Develop other forms of remote learning such as radio programmes and paper-based learning packs to ensure that all children can continue learning. Also consider providing capacity strengthening support to teachers on distance learning methods;
- Carry on an assessment of the home-based learning approaches implemented as part of Sponsorship programme such as Early Literacy and Math to understand why they did not allow children to learn more during school closure;
- Develop or intensify livelihoods strengthening interventions post-crisis in order to restore decent living conditions for families which fell into poverty during the pandemic;
- Listen to children's voices more and use it to improve programming. With age-appropriate consultation methods, their opinions can be collected and taken into account.